

## Falls Church City Monthly Meals Tax Report

## Thomas D. Clinton, Commissioner of the Revenue

300 Park Avenue, Suite #104E, Falls Church, VA 22046-3301

Phone: (703) 248-5018 Fax: (703) 248-5212 E-mail: commissioner@fallschurchva.gov

	anne	Name of Business:		<del></del>	
		Trading As:			
		<b>Business License Acct ID:</b>			
		<b>Business Address:</b>			
	Meals Tax Report for the Month of:			, 200	
	Name of Meals Tax Contact:				
Meals Tax Contact Work Phone:			hone:		
		Meals Tax Contact Cell Pho	one:		
		Virginia Sales Tax Registra	tion Number:		
tax pa	x is not paid on time. The <u>yment interest</u> penalty	he minimum penalty is \$10.00 of 10% per annum will be cha	month. There is a 10% penalty for <u>filing la</u> or 10%, whichever is greater. <u>No discount</u> rged on the 1 <sup>st</sup> day of the next month (see li vukmirovich@fallschurchva.gov. Thank yo	shall be taken when filing late. A <u>late</u> ne #5). Please contact Ms. Denise	
1.		ount from meals, including all es amount from your Falls Chui	coholic beverages, in Falls Church City: rch City location(s) on line #1)	1	
2.		ount times the Falls Church (04), then insert gross Meals Tax		2	
3.			hurch City Meals Tax "on time": amount on line #3, then skip to #6)	3. ()	
	no discount, and you	must apply the 10% late pay	which the 20 <sup>th</sup> of the month, then there's yment penalty or \$10, whichever t late payment amount on line #4)	4	
	and it accrues at 10% p the Meals Tax due from then multiply that amo	per annum, ( <u>call for the month</u> m line #2, times the 10% late p ount times the number of month	begins on the 1 <sup>st</sup> day of the next month), y factor). Multiply the total amount of ayment penalty <b>first</b> , (from line #4), as late factor and that equals the <b>late</b> ent interest penalty amount on line #5)	5	
	20 <sup>th</sup> of the month, then unless you're paying l	n insert total Meals Tax amount late, if late: then don't take t	n line #2, *if paid on or before the t due on line #6) ne discount on line #3), and add lines onth), then insert total amount due on line #6	<b>6.</b>	
Na	•	parer (if not the contact name			
Sig	gnature: (Declaration: I declare th	at all the figures herein given are tr	Title: ne, full and correct to the best of my knowledge and	Date:	
Ma	ake checks <u>payable</u> to	: " <u>Treasurer, City of Fall</u>	s Church", mail check & top copy to th	e: <u>correct</u> Meals Tax Address!	-
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## The Commissioner of the Revenue **Attention: Meals Tax Collections** 300 Park Avenue, Suite #104E

Falls Church, VA 22046-3301

## **Falls Church City Monthly Meals Tax Report:**

- 1. White/top copy & your check, mail to: "The Commissioner of the Revenue" \*\*Please don't mail it to the Treasurer or use the Treasurer's old form\*\*
- 2. Yellow/bottom copy: remove & keep it for your records, or copy the top page.

Have questions about calculating the Meals Tax? Call (703) 248-5018. We thank you for doing business in the City of Falls Church!



If you sell or move your business, or make ownership changes, please contact us immediately! Use the "Closing/Moving Your Business" letter available from the City's website at: www.fallschurchva.gov, click on "Taxes", then "Commissioner".

Thank You!